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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N05697** (0)

1. Corporation Name

**ROYAL PALM RESIDENTS, INC.**



Principal Place of Business

Mailing Address

**3000 U.S. HIGHWAY 17-92 W.  
LOT 236  
HAINES CITY FL 33844  
US**

**3000 U.S. HIGHWAY 17-92 W.  
LOT 236  
HAINES CITY FL 33844  
US**

3. Date Incorporated or Qualified  
**10/16/1984**

3a. Date of Last Report  
**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

4. FEI Number

**59-2533564**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLING, LEE J  
20 NORTH ORANGE AVE.  
SUITE 700  
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD **CORSIE, ROBERT**

STREET ADDRESS **3000 US HWY 17-92 W #114**

CITY-ST-ZIP **HAINES CITY FL**

TITLE NAME ☐ DELETE

VPD **BIRD, DOUGLAS**

STREET ADDRESS **3000 US HWY., 17-92 W #276**

CITY-ST-ZIP **HAINES CITY FL**

TITLE NAME ☐ DELETE

SD **GRENIER, LORRAINE M**

STREET ADDRESS **3000 US HWY 17-92 W #236**

CITY-ST-ZIP **HAINES CITY FL**

TITLE NAME ☐ DELETE

TD **BROSTEK, JEAN**

STREET ADDRESS **3000 US HWY 17-92 W #19**

CITY-ST-ZIP **HAINES CITY FL**

TITLE NAME ☐ DELETE

D **HAWTHORNE, EARL**

STREET ADDRESS **3000 US HWY 17-92 W #216**

CITY-ST-ZIP **HAINES CITY FL**

TITLE NAME ☐ DELETE

D **CARROLL, JAMES**

STREET ADDRESS **3000 US HWY 17-92 W #96**

CITY-ST-ZIP **HAINES CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME **BIRD, DOUGLAS**

1.3 STREET ADDRESS **3000 US HWY. 17-92 W #276**

1.4 CITY-ST-ZIP **HAINES CITY, FL. 33844**

2.1 TITLE VPD ☐ Change ☐ Addition

2.2 NAME **HAWTHORNE, EARL**

2.3 STREET ADDRESS **3000 US HWY 17-92 W #216**

2.4 CITY-ST-ZIP **HAINES CITY, FL. 33844**

3.1 TITLE SD ☐ Change ☐ Addition

3.2 NAME **GRENIER, LORRAINE M**

3.3 STREET ADDRESS **3000 US HWY. 17-92 W #236**

3.4 CITY-ST-ZIP **HAINES CITY, FL. 33844**

4.1 TITLE TD ☐ Change ☐ Addition

4.2 NAME **BROSTEK, JEAN**

4.3 STREET ADDRESS **3000 US HWY. 17-92 W #19**

4.4 CITY-ST-ZIP **HAINES CITY, FL. 33844**

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME **CHRYSTAL, ELEANOR**

5.3 STREET ADDRESS **3000 US HWY. 17-92 W #29**

5.4 CITY-ST-ZIP **HAINES CITY, FL. 33844**

6.1 TITLE D ☐ Change ☐ Addition

6.2 NAME **FOWLSTON, ESTHER**

6.3 STREET ADDRESS **3000 US HWY. 17-92 W #492**

6.4 CITY-ST-ZIP **HAINES CITY, FL. 33844**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

LORRAINE K. GRENIER, SECRETARY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/96**

Date

**422-3529**

Daytime Phone #

CR2E037 (12/95)